

STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only



RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE COMPLETION

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

Huizar

Jose

Luis

2013 APR 26 PM 5:30  
2013 APR -2 PM 5:30

1. Office, Agency, or Court

Agency Name

City of Los Angeles

Division, Board, Department, District, if applicable

District 14

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: LA, MTA, S CAL Association of Gov, JPA

Position: Member

2. Jurisdiction of Office (Check at least one box)

☐ State

☒ Multi-County LA, OC, Sb, Ventura, Riverside, Imperial C

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is / / , through December 31, 2012.

☐ Assuming Office: Date assumed / /

☐ Leaving Office: Date Left / /  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 04/02/2013

(month, day, year)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

Jose Luis Huizar

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

4903 La Calandria Way

CITY

Los Angeles, CA 90032

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Katrina Archer

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
ACQUIRED      DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold      ☐ Other  
Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE      TERM (Months/Years)

\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**  
 Name \_\_\_\_\_  
**Jose Luis Huizar**

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD :

|   |  |
|---|--|
| NAME OF LENDER*<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____<br>HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | INTEREST RATE<br>_____% <input type="checkbox"/> None<br>SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br><div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____<br/><i>City</i></div> <input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br><div style="text-align: right;"><i>(Describe)</i></div> |
|---|--|

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Luis Huizar

► NAME OF SOURCE (Not an Acronym)

Los Angeles Business Journal

ADDRESS (Business Address Acceptable)

5700 Wilshire Blvd Suite 170, LA, CA 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Journalism

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 29 / 12    | \$ 150   | 1 Ticket               |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE (Not an Acronym)

Walt Disney Company

ADDRESS (Business Address Acceptable)

500 S. Buena Vista Street, Burbank CA 91521

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Entertainment

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 04 / 12    | \$ 90    | 4 Tickets              |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE (Not an Acronym)

Japanese American National Museum

ADDRESS (Business Address Acceptable)

100 N Central Ave Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

N/A

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 05 / 12    | \$ 95    | 2 Tickets              |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE (Not an Acronym)

Central City Association of Los Angeles

ADDRESS (Business Address Acceptable)

626 Wilshire Blvd Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CCA Holiday Party

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 12 / 11 / 12    | \$ 25    | 2 Tickets              |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Luis Huizar

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Korean American Federation

ADDRESS (Business Address Acceptable)  
981 S. Western Avenue, Suite 100

CITY AND STATE  
Los Angeles, California 90006

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
Economic and Cultural Tour of South Korea

DATE(S): 11 / 25 / 12 - 12 / 01 / 12 AMT: \$ 3,940.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel  
☒ Other - Provide Description  
Trade meetings with business and government officials.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

Comments: \_\_\_\_\_